City of Gonzales
Community Action Grant Program Application

Provide all requested information and submit it to Gonzales City Hall by <u>***September 06, 2024***</u>

GROUP INFORMATION:

Group Name: _____

Main Objective: Health   Safety   Education   Community Beautification

Core Group Leaders:

Name	Address	Cell/Home Phone	Email
Primary Contact:			

What is the purpose of the Group?

What activities or events does the Group organize?

What year did the Group begin? _____ Website: _____

Is your Group affiliated with a formal non-profit or other organization? ____ Yes ____ No

If Yes, please specify: _____

GRANT REQUEST:

What is your Group proposing to do to improve Gonzales residents' well-being and quality of life? Be sure to include likely dates of key activities, including start and end dates.

Which Gonzales residents are most likely to benefit most from this Project? How many?

Why is this Project needed?

BUDGET:

Explain how this Project contributes to realizing the City Vision: *Gonzales will continue to be a safe, clean, family-friendly community, diverse in its heritage, and committed to working collaboratively to preserve and retain its small-town charm.*

What is the <u>total</u> funding needed/requested? _____

How much funding are you <u>requesting</u> from the Gonzales Community Action Grant Program?

_____

How will your Group use a Grant Award from this Program? Please list specific items your Group is requesting funding for, the cost of each item, and likely source (Attach a separate page if needed).

Item	Amount	Likely Source
Example: Neighborhood Watch Signs	*$200 (8 signs x $25/each)*	*ABZ Printing*

How will you make sure grant funding is used for only for the purpose of this Project?

ADDITIONAL INFORMATION:

Provide any additional information you would like considered.